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CONFIRMATION NO. 1567

Bib Data Sheet

SERIAL NUMBER 10/815,527	FILING DATE 04/01/2004 RULE	CLASS 424	GROUP ART UNIT 1616	ATTORNEY DOCKET NO. 00024.04CON
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APPLICANTS

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** CONTINUING DATA *****

This application is a CON of 10/150,268 05/15/2002 PAT 6,780,399
 which claims benefit of 60/294,203 05/24/2001
 and claims benefit of 60/317,479 09/05/2001

** FOREIGN APPLICATIONS *****

IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** SMALL ENTITY **

** 06/17/2004

Foreign Priority claimed	<input type="checkbox"/> yes <input checked="" type="checkbox"/> no	STATE OR COUNTRY	SHEETS	TOTAL CLAIMS	INDEPENDENT CLAIMS
35 USC 119 (a-d) conditions met	<input checked="" type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance	CA	1	12	4
Verified and Acknowledged	Examiner's Signature Initials				

ADDRESS

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TITLE

Delivery of stimulants through an inhalation route

FILING FEE	FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT	<input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17 Fees (Processing Ext. of)
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